

Arkansas State Board of Licensure
For Professional Engineers & Professional Surveyors
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

2012 Renewal Notice for Dual Registrants
with an EVEN ENGINEER LICENSE NUMBER
Please visit Hot Topics on website for biennial details.

Board Use Only

Date Rec'd:

Check type, number and total:

YOUR LICENSES WILL EXPIRE ON
SEPTEMBER 30, 2010

PE \$80.00 = _____
PS \$60.00 = _____
TOTAL ENCLOSED \$ _____

You must complete this form and return with payment to PE & PS Fund postmarked no later than 9/30/10. Please write your license numbers on the face of your check or money order.

RENEWAL FEES IF MAILED AFTER SEPTEMBER 30

10/1/10 – 11/30/10: increase above fees by 50%.

12/1/10 – 3/31/11: increase above fees by 100%.

Please visit the online roster available at our website to review the status of your renewal. As renewals are processed the renewal year will change to "2012". You may also verify your company information & mailing address.

Name: _____
Address: _____

Current Firm: _____
If this Firm offers engineering and/or surveying services in Arkansas, the Firm must have a Certificate of Authorization (COA).

Preferred Mailing Address:

- ☐ Same as above (with zip +4)
☐ Change: _____

Daytime phone: _____ Fax: _____
E-mail address: _____

Part 1 – You must check one or more of the following boxes:

- ☐ The Summary of Professional Development Hours (PDH) which I have earned is shown in Parts II and III on the reverse side.
- ☐ I qualify for an exemption from the PDH requirements for my **PE license** based upon (check one & INCLUDE APPROPRIATE FEE):
- ☐ New registrant/licensee licensed since August 1, 2009.
 - ☐ Requesting or continuing in an Inactive Status.
 - ☐ Out of the Country or on temporary active military duty for 120 consecutive days between October 1, 2009 & September 30, 2010.
 - ☐ I was born before October 1, 1945 AND licensed as a PE before October 1, 1985.
 - ☐ I'm licensed in a state where I've met their mandatory Professional Competency requirement of at least 15 PDH per year (circle 1 of these approved states: AL GA IA IL KS LA ME MO MS MT NC ND NE NH NM NV OH OK OR SC SD TX WV WY), PE # _____.
- ☐ I qualify for an exemption from the PDH requirements for my **PS license** based upon (check one & INCLUDE APPROPRIATE FEE):
- ☐ New registrant/licensee licensed since August 1, 2009.
 - ☐ Requesting or continuing in an Inactive Status.
 - ☐ Out of the Country or on temporary active military duty for 120 consecutive days between October 1, 2009 & September 30, 2010.
 - ☐ Requesting, or continuing in, an Exempt Status (I was born before July 1, 1950 **OR** licensed as a PS before July 1, 1990).
 - ☐ I'm licensed in a state where I have met their mandatory Professional Competency requirement of at least 15 PDH per year (select a state: AL AK ID IA KS MT NC ND NE NH NM NV OH OK OR SC SD TN WV WY), PS # _____.

Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that the information contained herein is true and correct; and I have met all the requirements for licensure renewal set forth by the State of Arkansas per A.C.A. §17-30-101, §17-48-101 et seq. and the Rules of the Board. I agree to abide by the Rules of Professional Conduct. I understand that I may be audited by the Board of Registration for and if audited, I will be required to submit supporting documentation. I also understand that failure to comply with such requirements, or any false statements made on this document, is a cause for disciplinary action.

Printed Name _____ *SSN# _____

Signature _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social security number (only if it has changed since October 1, 2009)

PE No. _____ Status: _____ PE PDH carried forward: _____
PS No. _____ Status: _____ PS PDH carried forward: _____

[illegible]

A.	1 College or unit semester hour.....	45 PDH
B.	1 College or unit quarter hour.....	30 PDH
C.	1 Continuing Education Unit (CEU).....	10 PDH
D.	1 Hour of Professional development in: course work, seminars, professional or management, or technical presentations made at meetings, conventions or conferences.....	1 PDH
E.	For teaching, apply a multiple of 2 (teaching credit is valid for teaching a course or seminar for the first time only.	
F.	Each published paper, article or book.....	10 PDH Max.
G.	Active participation (as an officer or committee member) in professional or technical society (PER organization).....	2 PDH
H.	Each patent granted.....	10 PDH Max.

a.	Total PDH claimed on this report (current year)		
b.	PDH carried forward from previous renewal (see page 1 at bottom of form)		
c.	Total available credit this year (line a+b)		
<p>NOTE: Dual licensees, a total of 20 PDH units are required per year, at least (5) PDH's in each profession plus ten (10) PDH's in either.</p>			
d.	Total carried forward to next year (maximum of 20, no more than 15 in a single profession).		